

LEON COUNTY INDIGENT BURIAL NEXT OF KIN STATEMENT

Name _____

Relationship to Deceased _____

Address _____

City _____ State _____ Zip _____

Phone _____

Are you aware of any relative who could assume responsibility for the Deceased?

Yes _____ No _____ If yes, please provide the following information:

Name _____

Relationship to Deceased _____

Address _____

City _____ State _____ Zip _____

Phone _____

I, _____, authorize Leon County to bury the body of _____ consistent with County burial procedures and practices. I do not claim the body of _____. I agree to indemnify and hold the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the burial, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the undersigned to provide the defense.

Signature

Date

Before me this day _____ of _____, 2011 personally appeared _____.

Personally Known or _____ Produced Identification: _____

Notary Signature _____

Seal